

1.) CORPORATION NAME:

ANDRITZ SEPARATION INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

BANK OF AMERICA CENTER, 16TH FLOOR

1111 EAST MAIN STREET

SCC ID NO: **F1844895**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1010 COMMERCIAL BLVD SOUTH

CITY/ST/ZIP: ARLINGTON, TX 76001-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: JOHN A MADDEN
TITLE: PRESIDENT
ADDRESS: 1010 COMMERCIAL BLVD SOUTH
CITY/ST/ZIP/CO: ARLINGTON, TX 76001-

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OFFICER

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DIRECTOR

NAME: DAVID W BUMSTED
TITLE: VICE PRESIDENT
ADDRESS: 1115 NORTHMEADOW PKWY
CITY/ST/ZIP/CO: ROSWELL, GA 30076-

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OFFICER

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DIRECTOR

NAME: STEVE A. HUFF
TITLE: VICE PRESIDENT
ADDRESS: 1010 COMMERCIAL BLVD SOUTH
CITY/ST/ZIP/CO: ARLINGTON, VA -

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OFFICER

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DIRECTOR

NAME: DEBORAH B. ZINK
TITLE: SECRETARY
ADDRESS: 1115 NORTHMEADOW PKWY
CITY/ST/ZIP/CO: ROSWELL, VA -

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OFFICER

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DIRECTOR

NAME: ANN CROSSMAN
TITLE: ASST SECRETARY
ADDRESS: 1010 COMMERCIAL BLVD SOUTH
CITY/ST/ZIP/CO: ARLINGTON, VA -

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERONICA C. O'BRIEN ASST SECRETARY 1115 NORTHMEADOW PKWY. ROSWELL, VA -	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E. MORPHIS TREASURER ONE NAMIC PLACE GLENS FALLS, VA -	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN CROSSMAN ASST TREASURER 1010 COMMERCIAL BLVD SOUTH ARLINGTON, VA -	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS BACHHOFNER DIRECTOR AM EUROPLAZA/GEBAEUDE C VIENNA,,1120,AUSTRIA , -,	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUMBERT KOEFLER DIRECTOR AM EUROPLAZE/GEBAEUDE C VIENNA,,1120,AUSTRIA , -,	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J RYAN DIRECTOR 1115 NORTHMEADOW PKWY ROSWELL, GA 30076-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTIAN PEDRATSCHER DIRECTOR STATTEGGER STRASSE 18 GRAZ, 8045-, AUSTRIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DEBORAH B. ZINK		DEBORAH B. ZINK, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			